

PROPERTY

PENNSYLVANIA PUBLIC UTILITY COMMISSION
MOTOR CARRIER SERVICES AND ENFORCEMENT

To Whom It May Concern:

In accordance with the final decision at P-00940884, Regulation of Motor Common Carriers of Property, adopted December 15, 1994 and entered December 20, 1994:

I hereby request that my Certificate of Public Convenience issued at A- 8922550, be canceled, and that all rights, powers and privileges conveyed thereby cease and terminate.

I understand that my request and subsequent cancelation of the certificate will require the refiling of an application and payment of a filing fee should I decide to again initiate common carrier service.

Hailteam Cargo Express LLC
CARRIER NAME
321 N 10th St Reading PA 19604
CARRIER ADDRESS
[Signature]
AUTHORIZED SIGNATURE
Gerardo Vanderhorst manager 9-1-2020
PRINT NAME TITLE DATE
hailteam2019@gmail.com
EMAIL ADDRESS * Enter e-mail address so that the Commission can serve your final cancellation confirmation during the COVID 19 crisis.

PLEASE RETURN TO:

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU
400 NORTH STREET 2ND FLOOR
HARRISBURG PA 17120

Or E-mail to taroth@pa.gov.

[Home](#) / [Contact Us](#) / [Help](#) / [Log Out](#)

Last name or policy #

III/DAVID KOEFFLER

- [New Business](#)
 - [Prospecting](#)
 - [Manage Policies](#)
 - [Products](#)
 - [Agency Admin](#)
 - [News](#)
 - [Support](#)
-
- [Policy](#)
 - [Payments](#)
 - [Documents](#)
 - [Process Endorsements](#)

Named Insured: Haileam Cargo Express Llc Address: 321 N 10th St, Reading, PA 19604 Phone: (610) 698-3787 E-mail: GERONIMOVANDERHORST@GMAIL.COM	Agent: 0164N Policy: 01092787-0 Term: 09/06/2019 to 09/06/2020 Status: Canceled effective 05/25/2020
---	---

Policy Summary

General Policy

Company	NAIC	Last Update	Product
United Financial Casualty Company	11770	05/25/2020	Commercial Auto

[Top](#)

Billing

Policy Status	Bill Plan	EFT	Last Payment Received	Minimum Amount Due
Canceled effective 05/25/2020	Eleven Pay Plan 16.67%	No	\$1,174.17 on 03/06/2020	\$685.66 on 06/06/2020

[Privacy Statement](#) / [Terms of Use](#) / [Contact Us](#) / [Site Map](#)
 Copyright © 1997-2020 Progressive Casualty Insurance Company. All rights reserved.

The collection of this information is authorized under the provisions of 49 CFR, Parts 390-399. Public reporting for this collection of information is estimated to be 20 minutes (and 7.5 minutes for the biennial updates) per response, including the time for reviewing the instructions and completing and reviewing the data inserted on the form electronically. All responses to this collection of information are mandatory, and will be provided in confidence to the extent allowed by law. Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The valid OMB Control Number for this information collection is 2126-0013. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-MBI, U.S. Department of Transportation, Washington, D.C. 20590.



Motor Carrier Identification Report
(Application for USDOT Number)

FORM MCS-150

REASON FOR FILING (select only one):

- New Application Biennial Update or Changes Out of Business Notification Reapplication (after revocation of new entrant)

1. LEGAL BUSINESS NAME: Haileam Cargo Express LLC

2. DOING BUSINESS AS NAME (if different from Legal Business Name): Haileam Cargo Express LLC

3-7. PRINCIPAL PLACE OF BUSINESS:
 3. STREET ADDRESS/ROUTE NUMBER: 321 N 10th St 4. CITY: Reading 5. STATE/PROVINCE: PA 6. ZIP CODE: 19604 7. COLONIA (Mexico only): _____

8-12. MAILING ADDRESS: Same as Principal Address Mailing address below:
 8. STREET ADDRESS/ROUTE NUMBER: _____ 9. CITY: _____ 10. STATE/PROVINCE: _____ 11. ZIP CODE: _____ 12. COLONIA (Mexico only): _____

13-15. CONTACT NUMBERS:
 13. PRINCIPAL BUSINESS PHONE NUMBER: 610-698-3787 14. PRINCIPAL CONTACT CELL PHONE NUMBER: 784-755-2577 15. PRINCIPAL BUSINESS FAX NUMBER: _____

16-19. IDENTIFICATION NUMBERS:
 16. USDOT NUMBER: 3327830 17. MC or MX NUMBER: _____ 18. DUN & BRADSTREET NUMBER: _____ 19. IRS/TAX ID NUMBER: 84-2084554
 (see instructions before completing this section)

20. E-MAIL ADDRESS: haileam2019@gmail.com

21. CARRIER MILEAGE (to nearest 10,000 miles for the previous 12 months): _____

22. COMPANY OPERATIONS (check all that apply):
 A. Interstate Carrier B. Intrastate Hazmat Carrier C. Intrastate Non-Hazmat Carrier D. Interstate Hazmat Shipper E. Intrastate Hazmat Shipper

23. OPERATION CLASSIFICATIONS (check all that apply):
 A. Authorized For-Hire B. Exempt For-Hire C. Private Property D. Private Motor Carrier of Passengers (Business) E. Private Motor Carrier of Passengers (Non-Business) F. Migrant G. U.S. Mail H. Federal Government I. State Government J. Local Government K. Indian Tribe L. Other:

24. CARGO CLASSIFICATIONS (check all that apply):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> A. General Freight | <input type="checkbox"/> I. Machinery, Large Objects | <input type="checkbox"/> Q. Coal/Coke | <input type="checkbox"/> Y. Paper Product |
| <input type="checkbox"/> B. Household Goods | <input type="checkbox"/> J. Fresh Produce | <input type="checkbox"/> R. Meat | <input type="checkbox"/> Z. Utility |
| <input type="checkbox"/> C. Metal: Sheets, Coils, Rolls | <input type="checkbox"/> K. Liquids/Gases | <input type="checkbox"/> S. Garbage, Refuse, Trash | <input type="checkbox"/> AA. Farm Supplies |
| <input type="checkbox"/> D. Motor Vehicles | <input type="checkbox"/> L. Intermodal Container | <input type="checkbox"/> T. U.S. Mail | <input type="checkbox"/> BB. Construction |
| <input type="checkbox"/> E. Drive Away/Towaway | <input type="checkbox"/> M. Passengers | <input type="checkbox"/> U. Chemicals | <input type="checkbox"/> CC. Water Well |
| <input type="checkbox"/> F. Logs, Poles, Beams, Lumber | <input type="checkbox"/> N. Oil Field Equipment | <input type="checkbox"/> V. Commodities Dry Bulk | <input type="checkbox"/> DD. Other: |
| <input type="checkbox"/> G. Building Materials | <input type="checkbox"/> O. Livestock | <input type="checkbox"/> W. Refrigerated Food | |
| <input type="checkbox"/> H. Mobile Homes | <input type="checkbox"/> P. Grain, Feed, Hay | <input type="checkbox"/> X. Beverages | |

25. HAZARDOUS MATERIALS (Carrier or Shipper) (check all that apply):

(C=Carrier; S=Shipper; B=Bulk, in cargo tanks; NB=Non-Bulk, in packages)

	C	S	B	NB		C	S	B	NB		C	S	B	NB
A. DIV 1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N. DIV 2.3D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA. CLASS 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. DIV 1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O. CLASS 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BB. HRCQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. DIV 1.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P. COMB LIQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CC. CLASS 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. DIV 1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q. DIV 4.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DD. CLASS 8A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. DIV 1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R. DIV 4.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EE. CLASS 8B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. DIV 1.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S. DIV 4.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FF. CLASS 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. DIV 2.1 (Flam. Gas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T. DIV 5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GG. ELEVATED TEMP. MAT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. DIV 2.1 LPG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U. DIV 5.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HH. INFECTIOUS WASTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. DIV 2.1 (Methane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V. DIV 6.1A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II. MARINE POLLUTANTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. DIV 2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W. DIV 6.1B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JJ. HAZARDOUS SUB (RQ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. DIV 2.3A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X. DIV 6.1 POISON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KK. HAZARDOUS WASTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. DIV 2.3B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y. DIV 6.1 SOLID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LL. ORM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. DIV 2.3C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Z. DIV 6.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

26. NUMBER OF VEHICLES THAT WILL BE OPERATED IN THE U.S.:

	Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trucks	Hazmat Cargo Tank Trailers	Motor-coach	Number of vehicles carrying number of passengers (including the driver)												
							School Bus			Bus	Passenger Van		Limousine						
							1-8	9-15	16+	16+	1-8	9-15	1-8	9-15	16+				
Owned																			
Term Leased																			
Trip Leased																			

27. DRIVER INFORMATION:

DRIVER INFORMATION	INTERSTATE	INTRASTATE	TOTAL DRIVERS	TOTAL CDL DRIVERS
Within 100-Mile Radius				
Beyond 100-Mile Radius				

28. IS YOUR USDOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FMCSA?

Yes No If yes, enter your USDOT Number: _____

29. COMPLIANCE CERTIFICATION:

ALL MOTOR PASSENGER CARRIER APPLICANTS must certify as follows:

Applicant is fit, willing, and able to provide the proposed operations and to comply with all pertinent statutory and regulatory requirements, including the U.S. Department of Transportation's Americans with Disabilities Act regulations for over-the-road bus companies located at 49 CFR Part 37, Subpart H, if applicable.

YES

Private entities that are primarily in the business of transporting people, whose operations affect commerce, and that transport passengers in an over-the-road bus (defined as a bus characterized by an elevated passenger deck over a baggage compartment) are subject to the U.S. Department of Transportation's Americans with Disabilities Act regulations located at 49 CFR Part 37, Subpart H. For a general overview of these regulations, go to the Federal Motor Carrier Safety Administration's Web site at www.fmcsa.dot.gov/rules-regulations/bus/company/ada-guidelines.htm.

30. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR, PARTNERS, OR OFFICERS AND TITLES

(e.g., president, treasurer, general partner, limited partner)

1. x Gerónimo Vanderhorst

2. _____
(please type or print names)

31. CERTIFICATION STATEMENT *(to be completed by authorized official):*

I, Gerónimo Vanderhorst, *(please type or print name)* certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.

Signature: Gerónimo Vanderhorst Title: Owner *(please type or print)* Date: 9/1/2020